



PERMIT APPLICATION

Date: _____

PROJECT # _____
(City Use Only)

PROPERTY ADDRESS _____

Applicant: _____ Phone No. _____

Applicant's Address: _____

Email Address: _____

Property Owner: _____ Phone No. _____
(Required)

Property Owner's Address: _____

Owner's Email Address (Required): _____

Contractor: _____ Phone No. _____

Contractor's Address: _____

Contractor's State License No. : _____ Class: _____

DESCRIPTION OF WORK: _____

I understand the City of Los Altos does not allow phased work and/or partial inspections. _____

VALUATIONS:

Building: \$ _____

Electrical: \$ _____

Fire: \$ _____

Mechanical: \$ _____

Plumbing: \$ _____

TOTAL: \$ _____

I agree to install smoke & carbon monoxide detectors per
Section R314 & R315 of the 2016 CRC
Applicant/Contractor's initials _____

I certify that I have read this application and state that the
information given is true and correct. I agree to comply with all
City Ordinances and State laws relating to this construction,
remodel or repair, and I make this statement under penalty of
law.

Applicant's Signature

Plan Check Fee \$ _____ Permit Fee \$ _____